

Illinois Department of Healthcare Family Services
Optometric Services
Updated 8/22/2012

HCPCS	Description	Max Amt.	Prior App	Hand Price
92310	SPECIAL CONTACT LENS FITTING, BOTH EYES	\$0.00	Y	Y
92340	FITING OF SPECTACLES	\$29.28	N	N
92341	FITTING OF SPECTACLES	\$29.28	N	N
92370	REPAIR & ADJUST SPECTACLES	\$4.63	N	N
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	\$0.00	Y	Y
V2500	HARD CONTACT LENS(EACH)	\$18.97	Y	N
V2510	GAS PERM CONTACT LENS (EACH)	\$18.97	Y	N
V2520	CONTACT LENS HYDROPHYLIC, SPHERICAL, PER LENS	\$18.97	Y	N
V2599	CONTACT LENS, OTHER TYPE	\$0.00	Y	Y
V2600	HAND HELD LOW VISION AID	\$0.00	Y	Y
V2623	PROSTHETIC EYE PLASTIC CUSTOM	\$441.49	Y	N
V2624	POLISH/RESURF OCULAR PROSTHES	\$29.19	Y	N
V2625	ENLARGE OCULAR PROSTHESIS	\$188.69	Y	N
V2626	REDUCTION OCULAR PROSTHESIS	\$77.84	Y	N
V2627	SCLERAL COVER SHELL	\$558.02	Y	N
V2628	FABRICAT/FIT OCULAR CONFORMER	\$123.57	Y	N
V2629	PROSTHETIC, EYE, OTHER TYPE	\$0.00	Y	Y
V2715	PRISM PER LENS	\$2.71	N	N
V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS	\$0.00	Y	Y
V2782	LENS, INDEX 1.54 TO 1.65 PLASTICS 1.6 TO 1.79 GLASS, EXC	\$0.00	Y	Y
V2799	VISION SERVICE, MISCELLANEOUS	\$0.00	Y	Y